

# **FIRST STEPS CHILDCARE BILLING**

Background Check Approved ☐  
W-9 Received ☐

(Please Print)

See Instructions on Back of Form

## **I. CLIENT INFORMATION: Completed By Authorizing Agency: All information is required**

CLIENT IS <input type="checkbox"/> MSS	NAME AS SHOWN ON MEDICAL ID CARD (LAST, FIRST, MI)	PIC NUMBER
CLIENT'S TELEPHONE NUMBER	Have you reviewed that the client has a Medical ID for the current month? <input type="checkbox"/> YES Have you done an assessment for her needs? <input type="checkbox"/> YES	
DUE DATE	DELIVERY DATE	NAME OF CLIENT'S PRENATAL CARE PROVIDER
		TELEPHONE NUMBER
NO. OF CHILDCARE PROVIDERS	If more than one person will be providing childcare, attach an explanation of how the hours or days will be divided.	No. of children _____ Hours per day _____ Days per week _____

## **II. AGENCY/STAFF INFORMATION: Completed By Authorizing Agency: All information is required**

NAME OF CLIENT'S MATERNITY SUPPORT SERVICES (MSS), MATERNITY CASE MANAGER (MCM), OR CSO SOCIAL WORKER	TELEPHONE NUMBER	EXTENSION
MSS/MCM AGENCY OR CSO	FAX NUMBER	E-MAIL ADDRESS
MAILING ADDRESS		
STAFF ASSISTING WITH CARE	TELEPHONE NUMBER	EXTENSION
	FAX NUMBER	E-MAIL ADDRESS

## **III. SERVICES REQUESTED: Completed by Authorizing Agency - Not to exceed 2 months post-pregnancy.**

A. <input type="checkbox"/> Med Appts <input type="checkbox"/> L/D <input type="checkbox"/> Other:	IF OTHER, PLEASE EXPLAIN:	DATE SERVICE TO BEGIN
B. SPECIAL NEEDS: (PRIOR HRSA APPROVAL REQUIRED) (Refer to FSCC Billing Instructions)		
<input type="checkbox"/> <b>BEDREST</b>	HAVE YOU VERIFIED DOCTOR'S PRESCRIPTION FOR BEDREST? <input type="checkbox"/> YES	<input type="checkbox"/> <b>NEONATAL INTENSIVE CARE UNIT (NICU)</b>
NAME OF HOSPITAL		
REASON FOR BEDREST	DSHS/HRSA APPROVAL SIGNATURE (FSCC COORDINATOR)	DATE

## **IV. CHILDCARE INFORMATION: Completed by Childcare Provider (Use separate line for each date of care)**

HRSA will not reimburse for First Steps Childcare when client's spouse, partner, father or grandparent of the baby provides the childcare; childcare provider is under the age of 18; no W-9 "Request for Taxpayer Identification and Certification" on file with our office; or if childcare provider is non licensed and their Background Check result states "record found".  
NOTE: Only Washington state licensed day care homes, centers, facilities, or foster homes will be accepted as licensed.

**Rates:** 1 child maximum daily limit \$30.00 2 children or more maximum daily limit - Licensed \$75.00 Non Licensed \$50.00

Date of Care (M/D/Y)	# of Children Cared For (This Client Only)	Total Hours Per Child	Total Dollar Amount	Date of Care (M/D/Y)	# of Children Cared For (This Client Only)	Total Hours Per Child	Total Dollar Amount	Date of Care (M/D/Y)	# of Children Cared For (This Client Only)	Total Hours Per Child	Total Dollar Amount
1.				6.				11.			
2.				7.				12.			
3.				8.				13.			
4.				9.				14.			
5.				10.				15.			

## **V. CHILDCARE PROVIDER INFORMATION: Completed by Childcare Provider (Please Print)**

Grand Total

I AM A LICENSED PROVIDER <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In-Child's home <input type="checkbox"/> Other Location	NAME	LAST	FIRST	MIDDLE INITIAL
MAILING ADDRESS	STREET OR PO BOX	CITY	ZIP CODE	TELEPHONE NUMBER	
EMPLOYER ID NUMBER	OR		SOCIAL SECURITY NUMBER		

## **CHILDCARE PROVIDER CERTIFICATION AND SIGNATURE**

I certify under penalty of perjury that items and totals are proper charges for service(s) furnished to the State of Washington. All service(s) rendered have been provided without discrimination against race, creed, color, national origin, sex, or age. I also certify that child care was provided on the above date(s). I agree no additional charge will be made to the parent for these services. To ensure payment, submit form within 90 days of first date(s) of service.

CHILD CARE PROVIDER SIGNATURE	DATE
-------------------------------	------

# INSTRUCTIONS FOR THE PREGNANT MOTHER AND HER CHILDCARE PROVIDER

## Who Can Provide First Steps Childcare?

Licensed childcare homes, centers, facilities, or foster homes; friends, neighbors, or relatives (not grandparents) who have passed a Background Check.

## Rate of Payment

Description	Per Hour, Per Child Rate	Maximum Per Day, Per Family Rate	Rounding to the Nearest 15 Minutes			
One Child	\$3.00	\$30.00	0 - 15 minutes	.25	31 - 45 minutes	.75
Two or More Children E.g., 2 children X 10 hours = \$60 Licensed - \$50 Unlicensed	\$3.00	Licensed \$75.00 Unlicensed \$50.00	16-30 minutes	.5	46 - 60 minutes	1.0

## SECTION V - CHILDCARE PROVIDER INFORMATION - (To be completed by the childcare provider)

- A Background Check must be conducted and passed before First Steps Childcare is provided by unlicensed individuals. (Licensed providers have passed the check as part of the licensing process). Complete the Background Check form and return to the pregnant woman (client).
- Check in-home if childcare was done in the client's home, Check out-of-home if care was done in any other location.
- Check the "Yes" box if you are licensed as a childcare home, center, facility, or foster home. If you are not licensed with the State of Washington, check the "No" box. Print your last name, first name, and middle initial.
- Fill in your mailing address (street or post office box), city, and zip code and your area code and telephone number.
- If you are licensed, fill in your 9 digit Federal Tax Identification number.
- If you are not licensed, fill in your 9 digit Social Security Number.
- Read the "Childcare Provider Certification and Signature" section, then sign and date the form.
- Make a copy of the form and keep it in a safe place. This is for your records. In the event the original is lost in the mail, you will need this for verification of services rendered.
- A W-9 "Request For Taxpayer Identification Number and Certification" must be completed by both a licensed or unlicensed provider. Once this is on file with the Department of Social and Health Services, Health and Recovery Services Administration, you are not required to complete this form again unless your name, address, social security number, or Employer ID number changes. If you do not have a W-9, please call the authorizing agency in **Section II** on the front of the form.
- Return the billing form and W-9 to the pregnant woman ( client). For payment inquiries, contact the pregnant woman (client) whose child you are watching.
- Only completed forms can be processed for payment.**

## FIRST STEPS CHILDCARE

### PREGNANT WOMAN

- Responsible for passing paperwork needed between childcare provider and agency worker.
- Selects childcare provider.
- Gives background check form to childcare provider for completion.
- Gives completed background check form to agency worker.
- When background check approved gives billing forms and W-9 to childcare provider.
- When childcare complete, returns completed billing form(s) and W-9 to agency worker.

### CHILDCARE PROVIDER

- Completes background check form, unless licensed (all boxes must be completed) and returns form to pregnant woman.
- If passes background check - provides childcare.
- Completes billing form(s).
- Completes W-9 form.
- Returns completed forms to pregnant woman for review and to forward for payment processing.

NOTE: First Steps childcare does not pay care beyond 2 months post pregnancy or if the childcare provider does not pass the background check.

### \*Post pregnancy or Postpartum -

The period of time after the pregnancy ends (includes live birth, still birth, miscarriage or pregnancy termination), through the end of the month that includes the 60th day from the end of the pregnancy. (WAC 388-533-1000(1)(a))

EACH FORM MUST HAVE AN ORIGINAL SIGNATURE (NO FAXED OR COPIED SIGNATURES)

IF YOU HAVE NOT RECEIVED PAYMENT 60 DAYS AFTER YOU HAVE SUBMITTED THE PAPERWORK, PLEASE CONTACT THE WOMAN WHOSE CHILDREN YOU CARED FOR.

